

Cobb County Commercial Permit Application Form

All applicable items must be completed before submittal to the Fire Marshal's Office. See page 2 for minimum plan requirements.

****Put date next to appropriate job type****

Site _____ Shell _____ New Bldg _____ New Tenant _____ Add (Int / New) _____ Remodel _____

Other _____ Apt _____ F/S Townhouse _____ Condo _____ Fire Damage (R / C) _____

New Bldg. Outside Dimensions _____ On Septic ☐ Yes ☐ No Parcel ID# _____

Job / Tenant Name _____

Address _____ Suite _____

City _____ City Limits ☐ Acworth ☐ Kennesaw ☐ Powder Springs Zip _____

Complex Name _____

Building # _____ Stories in Building _____ Number of Buildings _____ Basement ☐ Yes ☐ No

New Bldg. Sq. Ft. _____ New Tenant Sq. Ft. _____ Addition Sq. Ft. _____ Remodel Sq. Ft. _____

Occupancy Type per NFPA 101 _____ O/Load per NFPA 101 _____ LSC Year _____

(FMO use only)

Construction Type per Building Code _____ Serving alcohol ☐ Yes ☐ No State tenant ☐ Yes ☐ No

Space Completely Sprinklered: ☐ Yes ☐ No Type _____ Req. by Code ☐ Yes ☐ No _____

(List code section)

Building Completely Sprinklered: ☐ Yes ☐ No Type _____ Req. by Code ☐ Yes ☐ No _____

Supervised System ☐ Yes ☐ No Req. by Code Section _____ (List code section)

Other fire protection system(s) _____ Construction Cost \$ _____

Please check if building/job will have any of the following new work performed:

Heating/Air ☐ Yes ☐ No **Electrical** ☐ Yes ☐ No **Plumbing** ☐ Yes ☐ No

Fire Sprinklers ☐ Yes ☐ No **Hood System** ☐ Yes ☐ No **Fire Alarm** ☐ Yes ☐ No

Arch/Designer _____ Phone _____

Person Responsible for Plans _____ Phone _____ Fax _____

24 Hour Contact Person _____ E-mail _____ Phone _____

General Contractor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Property Owner's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Signature _____ **Print** _____ **Date** _____

Title/Relation _____

**** Official Use Only - DO NOT WRITE BELOW THIS LINE ****

Building Department Comments _____

Reviewed By: _____ Date _____

Fire Marshal's Office Comments _____

Reviewed By: _____ Date _____

	FMO	Bldg.	
Certificate of Occupancy Required	<input type="checkbox"/>	<input type="checkbox"/>	New Construction Only, O.C.G.A. 25-2-13: <input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of Completion Required	<input type="checkbox"/>	<input type="checkbox"/>	
Special Inspections Required	<input type="checkbox"/>	<input type="checkbox"/>	PERMIT #

Cobb County Water System (CCWS) (770) 419-6327 and Health Department Requirements

1. Submit completed Commercial Permit Application to CCWSPlanReview@cobbcounty.org or 770-419-6335 (fax) so that CCWS may determine if plan approval and water and sewer fees are required for the project. CCWS may request additional information in order to make a final determination. CCWS will mark the requirements on line A below and return the application. Allow five business days for CCWS to process. If required, plans must be approved and fees must be paid prior to submitting plans for structural plan review.
2. Health Department (770-435-7815) approval is required for septic systems, public swimming pools, restaurants/cafeterias, catering, bars, personal care homes, hotels/motels, body art businesses, etc. Go to www.CobbAndDouglasPublicHealth.org for more information.

Water System Use Only

A. Plan Approval Required: ☐ Yes ☐ No Fees Due: ☐ Yes ☐ No Signed: _____ Date: _____

B. Plans Approved On _____ Fees Paid On _____ Signed: _____ Date: _____

Fire Marshal's Office Requirements

Call Fire Marshal's Office (770) 528-8310 for plan review appointment

The Required Plan Review Information Needed In the Fire Marshal Plan Review Appointment:

1. Minimum of (4) sets of plans which contains:

Minimum Required Information	Pass / Fail	Minimum Required Information	Pass / Fail
Job Name & Project Address on the plans		Show a top view of the tenant location inside the building	
Overall area of the space shown – It must be scaled or show dimensions of each room		Show all door, window and wall locations & Furniture Layout, merchandise, shelving/fixtures for the tenant space	
Identify and label each room on the drawings		Show all exit sign, emergency light & fire extinguisher locations	
Key Plan (Show the proximity of the space in conjunction with building and/or property)		Scope of work letter (Explain the construction, if any, being done with your permit)	
Complete egress route to outside the building (Show how to access two exits)		Cash or Check to pay for the plan review, make checks payable to: Cobb County Fire and Emergency Services	

2. One complete set of plans on CD in PDF Format
3. Complete permit application (*this form*) before the start of your appointment; Both sides .
4. Line A above must be completed and signed by Water System prior to appointment

NOTE: PLANS SUBJECT TO REJECTION IF INFORMATION NOT SUFFICIENT TO DETERMINE CODE COMPLIANCE

Building Department Requirements Structural Plan Review Office (770) 528-2071

Plans must be approved by Fire Marshal prior to submittal for structural plan review. Review procedures are as follows:

- Renovations are reviewed as time permits; free standing buildings & additions are required to be dropped off for review. Review time varies depending upon the complexity of the plans.
- Any plans stating "Not Released for Construction" or similar are not acceptable.
- If required, Water System plan approval must be obtained and fees must be paid prior to plan submittal for structural plan review.
- Zoning approval may be required (770-528-2045).

In addition to the above requirements, the following steps are **mandatory before issuance of a Permit for a free standing building or addition.** (Energy Affidavit, Temporary Pole and Temporary Power forms must accompany this application).

- ☐ Land Disturbance Permit issued by Site Plan Review. (770-528-2147)
LDP #: _____
- ☐ Address Verification issued by Cobb County GIS. (770-528-2002)
- ☐ Grading Permit (On site Erosion Control Approval) issued by Site Inspections. (770-528-2134)
Grading #: _____
- ☐ Architectural Design Worksheet completed.
Required: _____ Actual: _____
- ☐ Statement and Schedule of Special Inspections. (See www.seaog.org for forms and example.)
- ☐ Health Department Approval. (770- 435-7815)
- ☐ 2 Complete Sets of Plans on separate CDs in PDF Format
- ☐ Cobb County Code Compliance Bond and Georgia Business License #: _____
- ☐ Erosion Control Certification (See gaswcc.georgia.gov) #: _____
- ☐ State Contractor License: Type _____ # _____

Zoning Department Use Only

Comments _____

Approved by: _____ Date: _____